



**Commonwealth of Massachusetts**  
**Division of Professional Licensure**  
**Office of Public Safety & Inspections**

1000 Washington Street – Suite 710 – Boston – MA 02118

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**AMUSEMENT DEVICE APPLICATION FOR VARIANCE**  
**Pursuant to 520 CMR 5.00**

\_\_\_\_\_  
(APPLICANT)

\_\_\_\_\_  
(LICENSE NUMBER)

\_\_\_\_\_  
(d/b/a)

\_\_\_\_\_  
(FAX)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(TELEPHONE)

\_\_\_\_\_  
(CITY / STATE / ZIP CODE)

\_\_\_\_\_  
(E-MAIL)

Please state each section of the regulation and/or ANSI standard for which a variance is being sought:

520 CMR \_\_\_\_\_

520 CMR \_\_\_\_\_

520 CMR \_\_\_\_\_

520 CMR \_\_\_\_\_

In accordance with 520 CMR 5.00, the Applicant must complete this form and attach supporting documentation demonstrating that full compliance with this regulation is overly burdensome and that the relief sought will not compromise public safety.

Please briefly explain reason for variance request. \_\_\_\_\_

Is documentation in support of meeting the threshold of public safety threshold attached? [ ☐ ] YES [ ☐ ] NO

**CERTIFICATION:**

I hereby certify, under the penalty of law, that this document and all attachments to the best of my knowledge are true and accurate.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

*Please send application and all accompanying material to:*

**Division of Professional Licensure**  
**Office of Public Safety & Inspections**  
**Amusement Division**

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